

215040458
62574

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 163	Agency Case No. B5-091980	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/03/2015		TIME OF ACCIDENT 0128	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0128	10/03/2015						
B	50	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Jameson N		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE						
C	5	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
V1/M	10	NAME OF INTERSECTING ROADWAY					79.00	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	X Jameson Ct	
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. H13006620					STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE		
V1/N	1	DRIVER SHAWN A COLGROVE					PHONE	402-217-3848	LOCAL NO.		
V2/N	1	DRIVER ADDRESS 5110 South St, LINCOLN, NE 68506					CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/17/1988	V1/1 19	
G	2	OWNER Shawn COLGROVE					PHONE	4022173848	LOCAL NO.	V1/2 08	
H	5	OWNER ADDRESS 5110 South St, Lincoln, NE 68506					CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB491952	V1/3 41	
V1/O	3	LICENSE PLATE NO.	PA RRA351	YEAR 1999	MAKE Chevrolet	MODEL Suburban	BODY STYLE Medium/large	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000	V1/4 42	
V2/O	4	VEHICLE ID NO. (VIN)	1GNFK16R2XJ409743	TOWED TO 101 Charleston			TOWED BY Capital Towing	INSURANCE COMPANY N/A	POLICY NO. N/A	V1/5 19	
I	1	VEHICLE NO. 2									V1/6 25
V1/P	6	DRIVER LARRY G STOLZ					PHONE	402-420-2707	LOCAL NO.	V2/1 18	
V2/P	7	OWNER LARRY G STOLZ					PHONE	402-420-2707	LOCAL NO.	V2/2 08	
J	01	OWNER ADDRESS 2500 JAMESON N, LINCOLN, NE 68512					CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V2/3 42	
V1/Q	1	LICENSE PLATE NO.	PA RRA351	YEAR 1999	MAKE Mazda	MODEL 626	BODY STYLE 4 door Sedan	COLOR tan	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$	V2/4 09	
V2/Q	1	VEHICLE ID NO. (VIN)	1YVGF22D3X5876724	TOWED TO 101 Charleston			TOWED BY Captial Towing	INSURANCE COMPANY State Farm	POLICY NO. R10 3885-F30-27K	V2/5 18	
K	01	TOWED TO 101 Charleston					TOWED BY Captial Towing	POLICY NO. R10 3885-F30-27K		V2/6 25	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS					DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F		
1	SHAWN A COLGROVE	5110 South St, Lincoln, NE 68506					05/17/1988	01 1 06 4 1	M		
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-091980



Indicate
North
by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 1 was westbound on Jameson N from Canterbury Ln when it collided into vehicle 2, which was legally parked on the north side of the street in front of 2500 Jameson N. Vehicle 1 and 2 continued westbound running off the road to the right striking the curb and then the mailbox for 2500 Jameson N. The 2 vehicles continued in a southeasterly direction, striking the trunk and an overhanging limb located in the yard of 2500 Jameson N. Vehicle 1 and 2 continued in a southeasterly direction where they separated and Vehicle 2 rolled in a southerly direction while Vehicle 1 continued more westerly then striking Vehicle 3, another legally parked vehicle. Witness 1 stated he heard the sound of the first collision then looked to see Vehicle 1 'plowing through' Vehicle 2 and the area. Witness 2 corroborated Witness 1's statement. Witness 1 stated that Driver 1 was the driver of Vehicle 1 and he was walking around the scene. Driver 1 was ...

PROPERTY	OBJECT DAMAGED Mailbox	OWNER NAME Larry G Stolz 2500 Jameson N, Lincoln, NE 68512	ADDRESS 402-420-2707	PHONE 402-420-2707	APPROX. COST OF DAMAGE \$ 50
	OBJECT DAMAGED Tree	OWNER NAME Larry G Stolz 2500 Jameson N, Lincoln, NE 68512	ADDRESS 402-420-2707	PHONE 402-420-2707	APPROX. COST OF DAMAGE \$ 300
WITNESSES	NAME Timothy S Hoppes 2439 Jameson N, Lincoln, NE 68512				PHONE 402-421-4655
	NAME Teresa L Hoppes 2439 Jameson N, Lincoln, NE 68512				PHONE 402-421-4655

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1				X	Jameson N				VEHICLE 1				VEHICLE 2							
2				X	Jameson N				VEHICLE 1				VEHICLE 2							
1	01				06 Turning left				POINT OF IMPACT		02	POINT OF IMPACT		06						
2	10				08 Entering traffic lane				MOST DAMAGED AREA		01	MOST DAMAGED AREA		07						
					00 None				02		03		04							
					09 Top & windows				01		05		08		07		06			
					10 Undercarriage															
					11 Total (all areas)															
					12 Other															

OFFICER NO. 1688	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jared Hermes		INVESTIGATOR SIGNATURE Approved by Officer Jared Hermes	DATE OF REPORT 10/03/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 5

Local No./
District **163**

Agency
Case No. **B5-091980**

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

10/03/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. **Jameson N**

VEH. #	VEHICLE NO. 3										VEH. #			
3	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	3		
M	DRIVER					PHONE			LOCAL NO.			1.		
01	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)			18		
N	OWNER					PHONE			LOCAL NO.			2.		
1	COMMONWEALTH ELECTRIC COMPANY													
O	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.		
2	1901 Y ST, PO BOX 80638, LINCOLN, NE 68501													
P	LICENSE PLATE		TE	NO.	TDZ355	YEAR (Plate Expires)		2016	STATE (Of Plate)		NE	4.		
7	VEHICLE		YEAR	2007	MAKE	Ford	MODEL	F150	BODY STYLE	Pickup truck	COLOR	red	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$3000	5.
3	VEHICLE ID NO. (VIN)		1FTRF122X7NA19789					INSURANCE COMPANY					18	
	TOWED TO					TOWED BY					POLICY NO.		25	
											MWTB 304237			

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER					PHONE			LOCAL NO.			1.	
	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)			2.	
N	OWNER					PHONE			LOCAL NO.			3.	
O	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
P	LICENSE PLATE		NO.			YEAR (Plate Expires)			STATE (Of Plate)			5.	
Q	VEHICLE		YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$				6.	
	VEHICLE ID NO. (VIN)							INSURANCE COMPANY					
	TOWED TO					TOWED BY					POLICY NO.		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 0 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
3			X		Jameson Ct															
4																				
3	10				06 Turning left				POINT OF IMPACT				1 None used - vehicle occupant				ALCOHOL TESTING			
4					07 Making U-turn				08				2 Lap & shoulder belt used				Driver No. 3 0 Driver No. 4			
					08 Entering traffic lane				MOST DAMAGED AREA				3 Shoulder belt only used				ALCOHOL LEVEL TESTED			
					09 Leaving traffic lane				08				4 Lap belt only used				N X N			
					10 Parked				02 03 04				5 Child safety seat used				BAC LEVEL			
					11 Slowing or stopped in traffic				01 05				6 DOT approved helmet used				ALCOHOL/DRUGS SUSPECTED			
					12 Other				08 07 06				7 Costume helmet used				Driver No. 3 1 Driver No. 4 4			
					13 Unknown								8 Restraint use unknown				1 Neither alcohol nor drugs suspected			
																	2 Yes - alcohol suspected			
																	3 Yes - drugs suspected			
																	4 Yes - alcohol & drugs suspected			
																	5 Unknown			

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)						1	2	3	4	5	SEX M F
						Seat Position	Eject	Body Region	Injury Sev.	Trans.	
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		

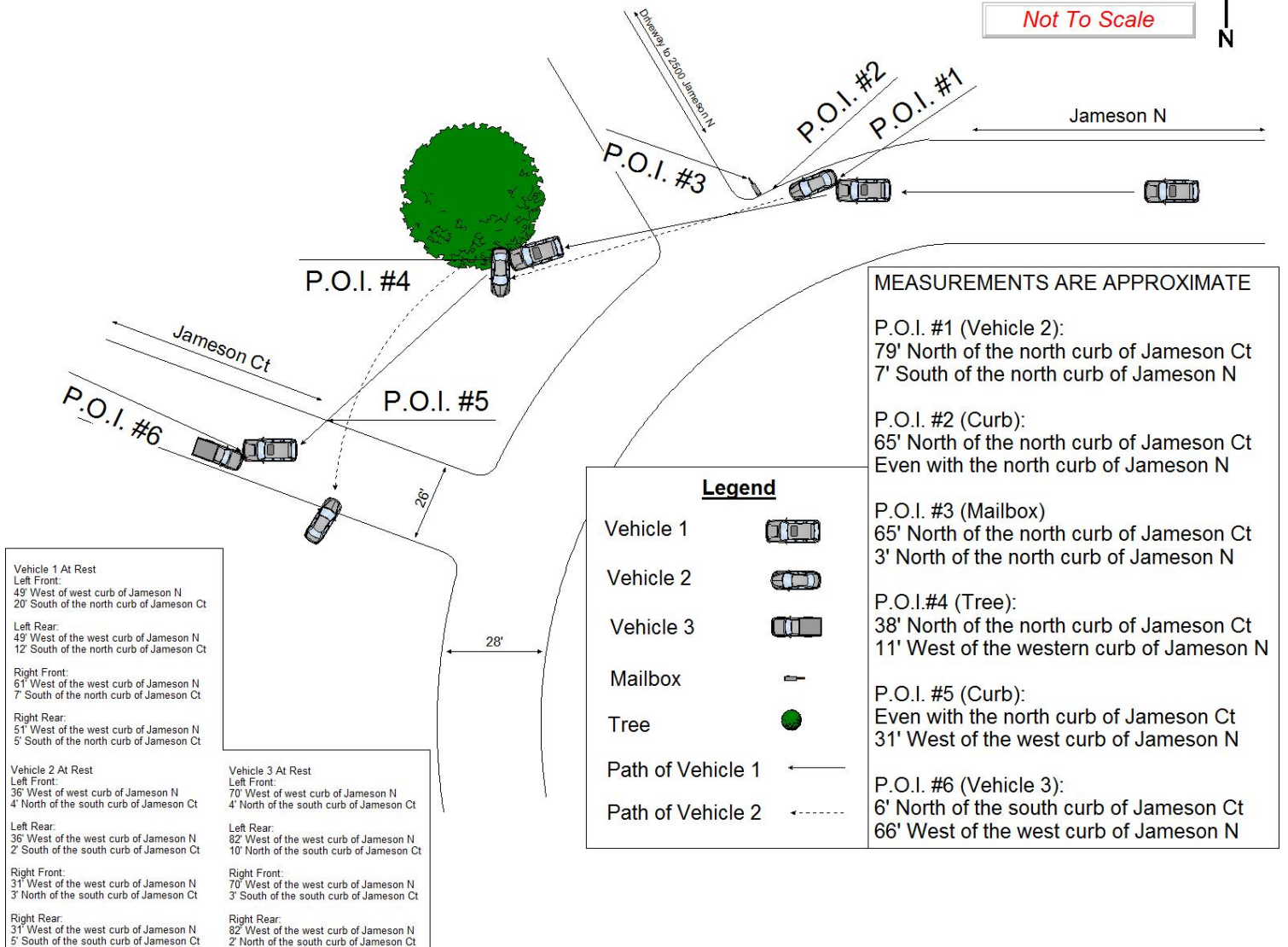
ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT

AGENCY CASE NO.
B5-091980



Indicate
North
by Arrow

Not To Scale



PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1688		TROOP/ TEAM/ BEAT CE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Jared Hermes			INVESTIGATOR SIGNATURE Approved by Officer Jared Hermes		DATE OF REPORT 10/03/2015

62574

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

163

B5-091980

STATE USE ONLY

10/03/2015

**OF
ACCIDENT**

CITY

Lincoln

Jameson N

1688

CE

Lincoln Police Department

Jared Hermes

Approved by Officer Jared Hermes

10/03/2015